

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445154	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/20/2015
NAME OF PROVIDER OR SUPPLIER QUALITY CARE HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 932 BADDOUR PARKWAY LEBANON, TN 37087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 025	Continued From page 1 following locations: by C-01, B-11, and B-00. National Fire Protection Association (NFPA) 101, 8.2.3.2.4.2 (1-4), 2000 Edition. 3. Observation on 1/20/2015 at 12:21 at 12:21 AM, revealed mixed fire calk above the fire doors by B-11 (both sides). NFPA 101, 8.2.3.2.4.2 (1-4), 2000 Edition. These finding were verified by the maintenance director and acknowledge by the administrator during the exit conference on 1/20/2014. NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the sprinkler system. The findings included: 1. Observation on 1/20/2015 at 10:07 AM, revealed corroded sprinklers in the following locations: a. In the dry storage next to the dishwasher area in the Quality kitchen b. In the walk-in freezer and refrigerator in the Cedar kitchen NFPA 25, 2.2.1.1, 1998 Edition. 2. Observation on 1/20/2015 at 10:30 AM,	K 025			3-8-15
K 062 SS=F		K 062	<p>K062 NFPA 101 Life Safety Code Standard</p> <p>1. On January 26, 2014 facility maintenance director contracted with an outside vendor to replace the corroded sprinklers as stated in the survey findings. The sprinklers will be replaced with a Teflon coated sprinkler. Completion date of February 6, 2014. In- service will be conducted by the maintenance director with all maintenance staff for technique of monitoring sprinkler heads. The facility maintenance director contracted with an outside vendor to install sprinkler coverage in the bath/shower rooms located in C/D hallway and across from B-00. Completion date for installation of sprinkler</p>		

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02/09/15

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NAME OF PROVIDER OR SUPPLIER QUALITY CARE HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 932 BADDOUR PARKWAY LEBANON, TN 37087		
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K 062	Continued From page 2 revealed the bath/shower rooms located in C/D hallway, and across from B-00 did not have sprinkler coverage. NFPA 101, 19.3.5, 2000 Edition. These finding were verified by the maintenance director and acknowledge by the administrator during the exit conference on 1/20/2014.	K 062	system is expected by March 8, 2015. 2. On January 26, 2014 the maintenance director and staff inspected all sprinkler heads throughout the entire facility for corroded sprinkler heads. None were identified.		3-8-15
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: NFPA 55, 4-1.1-Hazard identification signs shall be placed at all entrances to locations where compressed gases are produced, stored, used, or handled. Based on observations, it was determined the facility failed to comply with the applicable building and fire codes regulations. The finding included: Observation on 1/20/2015 at 10:11 AM, revealed a helium tank stored with no compressed gas sign on the activities door. NFPA 55, 4-1.1, 1998 Edition. This findings was verified by the maintenance director and acknowledge by the administrator during the exit conference on 1/20/2014.	K 130	3. Beginning February 2, 2014 the maintenance director and/or designee will begin monitoring monthly for corroded sprinkler heads. This has been added to the interior checklist. 4. The maintenance director will report monitoring outcomes of the corroded sprinkler heads and sprinkler system installation completion to the quarterly QAPI committee meetings. K130 NFPA 101 Miscellaneous 1. Upon being notified on January 20, 2014 by the surveyor a compressed gas sign was placed on the activities door.		

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02/09/15

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9505	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2015
NAME OF PROVIDER OR SUPPLIER QUALITY CARE HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 932 BADDOUR PARKWAY LEBANON, TN 37087		
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N 002	1200-8-6 No Deficiencies Based on observations, testing, and document review, it was determined the facility complied with the applicable building and fire safety regulations.	N 002	<p>2. On January 20, 2014 all compressed gas storage areas in the facility were inspected for proper signage. No other discrepancies noted. In-service will be conducted by the maintenance director with all maintenance staff for technique of monitoring for storage of compressed gas with proper signage.</p> <p>3. Beginning February 2, 2014 the maintenance director and/or designee will begin monitoring monthly for helium tank storage areas with proper signage. This has been added to the interior checklist.</p> <p>4. The maintenance director will report monitoring outcomes of helium tank storage with proper signage to the quarterly QAPI committee meetings.</p>	3-8-15

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Samantha Mullin

Adm.

02/09/15

STATE FORM

5899

VZKV21

If continuation sheet 1 of 1

FEB 11 2015